

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PA AR 06264 R01
----	---	-----------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	n/a
----	---	-----

	Company Name		Company NAIC Number
3.	A. Hanover Insurance Company	B.	0088-22292

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Personal Auto – 19.0000	B.	Private Passenger Auto – 19.0001

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Bodily Injury	19.0%	10.0%					
Property Damage	-0.9%	0.0%					
Combined Single Limit	N/A	6.0%					
Uninsured Motorist	23.1%	12.0%					
Medical Payments	13.9%	10.0%					
Comprehensive	-12.3%	-5.5%					
Collision	-10.5%	-5.5%					
TOTAL OVERALL EFFECT	3.2%	2.0%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2000	324	0.3%	05/01/20 00	368,599	160,086	43.4%	62.8%
2001	420	0.0%	N/A	418,354	293,980	70.3%	63.8%
2002	1155	5.0%	03/01/20 02	1,098,737	766,696	70.8%	67.3%
2003	1022	5.0%	03/01/20 03	1,438,607	1,459,36 3	101.4%	62.1%
2004	772	5.0%	05/01/20 04	1,229,581	776,739	63.2%	62.1%
2005	591	3.5%	05/01/20 05	946,996	443,580	47.8%	59.8%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	15.7%
B. General Expense	10.3%
C. Taxes, License & Fees	3.1%
D. Underwriting Profit & Contingencies	4.3%
E. Other (explain)	0.0%

								F. TOTAL	33.7%
--	--	--	--	--	--	--	--	----------	-------

- 8. N Apply Lost Cost Factors to Future filings? (Y or N)
- 9. 7.4% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10. -5.5% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____